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33928 7590 02/23/2005

JUDY JARECKI-BLACK; PH.D., J.D.
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03/21/2005 HDEMESS2 00000040 502354 10730206

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<u>Tiki S. Cantrell</u>	(Depositor's name)
<u>Tiki S. Cantrell</u>	(Signature)
<u>March 17, 2005</u>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/730,206	12/08/2003	Larry R. McDougald	MER 02-003	2063

TITLE OF INVENTION: COCCIDIAL VACCINE AND METHODS OF MAKING AND USING SAME

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	05/23/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
GRASER, JENNIFER E	1645	424-267100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Judy Jarecki-Black
2 Merial Limited
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

University of Georgia
Research Foundation, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Athens, Georgia USAPlease check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☒ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☒ Advance Order - # of Copies 10

4b. Payment of Fee(s):

☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 502354 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

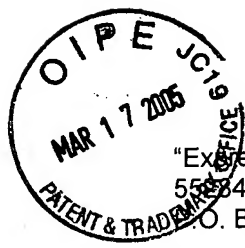
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Authorized Signature Judy Jarecki-BlackDate 17 Mar 05Typed or printed name JUDY JARECKI-BLACKRegistration No. 44170

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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Tiki S. Cantrell

Tiki S. Cantrell

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	Docket No:	MER 02-003
Larry R. McDougald, et. al)		
Serial No:)	Art Unit:	1645
10/730,206)		
Filing Date:)	Examiner:	Jennifer Graser
December 08, 2003)		
Title:)		
"Coccidial Vaccine and Methods)		
of Making and Using Same)		

Commissioner for Patents:
Alexandria, Virginia 22313-1450

In response to the Notice of Allowability mailed 23 February 2005, in the above-captioned application, please find enclosed a completed Part B - Fee(s) Transmittal form for the following fees:

- Issue Fee, \$1400.00;
- Publication Fee, \$300.00; and
- \$30.00 fee for 10 extra copies.

The Examiner is invited to telephone the undersigned at his convenience, should any issues remain.

Respectfully submitted,

Date: 17 Mar 05

Judy C. Jarecki-Black, Ph.D., J.D.
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